

Form <b>BCA-13.15</b> (Rev. Jan. 1999)	<b>APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACTION BUSINESS IN ILLINOIS</b>	<b>SUBMIT IN DUPLICATE!</b>
Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 <a href="http://www.sos.state.il.us">http://www.sos.state.il.us</a>	This space for use by Secretary of State	<b>This space for use by Secretary of State</b>  Date _____ License Fee     \$ _____ Franchise Tax     \$ _____ Filing Fee     \$ _____ Penalties     \$ _____ Approved: _____
Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."		

1.

(a) CORPORATE NAME: \_\_\_\_\_

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: \_\_\_\_\_

(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

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2.

(a) State or Country of Incorporation: \_\_\_\_\_

(b) Date of Incorporation: \_\_\_\_\_

(c) Period of Duration: \_\_\_\_\_

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3.

(a) Address of the principal office, wherever located:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Address of principal office in Illinois:

(If none, so state)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4.

Name and address of the registered agent and registered office in Illinois.

Registered Agent

\_\_\_\_\_

First Name

Middle Name

Last Name

Registered Office

\_\_\_\_\_

Number

Street

Suite #

\_\_\_\_\_

City

ZIP Code

County

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5.

States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)

\_\_\_\_\_

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6.

Names and residential addresses of officers and directors:

Name

No. & Street

City

State

ZIP

President

Secretary

Director

Director

Director

If more than 3, attach list

7. Purpose or purposes proposed to be pursued in transacting business in this state:  
(If not sufficient space to cover this point, add one or more sheets of this size.)

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued

9. Paid-in Capital: \$ \_\_\_\_\_  
("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property\* of the corporation for the following year: \$ \_\_\_\_\_
- (b) Give an estimate of the total value of all the property\* of the corporation for the following year that will be located in Illinois: \$ \_\_\_\_\_
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ \_\_\_\_\_
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ \_\_\_\_\_

11. Interrogatories: (Important – this section must be completed.)

- \*\* (a) Office or offices to which all contracts with the corporation are forwarded for final acceptance:
- (b) Number of shares of all classes owned by residents of Illinois:
- (c) Number of shares of all classes owned by non-residents of Illinois:
- (d) Is the corporation transacting business in this state at this time?
- (e) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated \_\_\_\_\_, \_\_\_\_\_  
(Month & Day) (Year) (Exact Name of Corporation)

attested by \_\_\_\_\_  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

\_\_\_\_\_ by \_\_\_\_\_  
(Type or Print Name and Title) (Type or Print Name and Title)

\* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

\*\* When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).